Coroner's Office
Contra Costa County

1960 Muir Road, 1st Floor
Martinez, CA 94553
(925) 313-2850 ext. 5
(925) 646-4839 Fax

Date: _____ Number of Pages including cover page: _____

Company: Richmond Police Department

Department: Records Unit

Fax Number (Including Area Code): all 510-620-6809 510-620-6873 Homicide: 510-620-6809

From: Irma Andrade Email: IAndr@so.cccounty.us

Telephone Number: 925-313-2855

Additional Information

Attached is a copy of our Coroner's report for your records.

CONTRA COSTA COUNTY
OFFICE OF THE SHERIFF - CORONER
CORONER'S REPORT

CLASSIFICATION: Homicide/Gunshot **CASE:** 14-3949

DECEDENT: PEREZ III (Last) RICHARD (First) PEDRO (Middle)

DATE REPORTED: 09/14/2014 TIME REPORTED: 0502 HOURS

DATE OF DEATH : 09/14/2014 TIME OF DEATH : 0022 HOURS

AKA: Other I.D.: CDL: D9186027

DOB: 09/30/1989 AGE: 24 YEARS (UNDER 1 YEAR: MONTHS DAYS)

SEX: Male RACE: Hispanic EST HGT: 6-00 EST WGT: 181

HAIR: Black EYES: Brown SOCIAL SEC#: 614-30-4923

USUAL ADDRESS: 598 Spring Street

CITY STATE ZIP: Richmond, CA 94804 PHONE#: (510) 837-5510

IDENTIFIED BY: C. Pryor DATE: 09/14/2014 TIME: 0730 HOURS

ADDRESS and PHONE#: 1960 Muir Road, 1st Floor Martinez, CA 94553

(925) 313-2850

OTHER INVESTIGATING AGENCY: Richmond PD

AGENCY FILE#: 14-13481 ASSIGNED OFFICER: Detective H. Esparza

NEXT OF KIN

Richard Perez (NAME OF LEGAL NEXT OF KIN) Father (RELATIONSHIP TO DECEASED) 10/15/1958 (DOB)

ADDRESS: 2880 Doidge Avenue

Pinole, CA 94564

RESIDENCE PHONE #: 510-222-8018 OTHER PHONE#:

Julie Perez (AUTHORIZED ALTERNATE NEXT OF KIN) Mother (RELATIONSHIP TO DECEASED) (DOB)

ADDRESS: 2880 Doidge Avenue

Pinole, CA 94564

RESIDENCE PHONE #: 510-222-8018 OTHER PHONE#:

LEGAL NOK NOTIFIED BY: Detective Deorian AGENCY: Richmond PD

NOTIFIED DATE: 09/14/2014 TIME: 0600 HOURS HOW: In Person

REPORTED BY DEPUTY CORONER: C. Pryor

DECEDENT: PEREZ III, RICHARD PEDRO **CASE #:** 14-3949

* *

FUNERAL HOME

F. D. O. C.: Chapel of the Mission Bells

ADDRESS, PHONE: 13644 San Pablo Avenue, San Pablo, California 94806
(510) 232-6552

PLACE OF DEATH

LOCATION: Commercial Business
(i.e., Residence/Hospital - ER or IP/ Public or Private Roadway, etc.,)

ADDRESS: 3322 Cutting Boulevard

CITY and STATE: Richmond, CA 94804 CORONER'S SEAL? No

PRONOUNCED AND / OR DETERMINED BY: Unk. PMD AMR #218

REPORTED BY: Detective Grivetti PHONE #: 510-620-6655

DECEASED DISCOVERED BY: PHONE #:

ADDRESS:

BODY REMOVED TO: County Morgue ORDERED BY: Pryor

MEDICAL HISTORY

REGULAR PHYSICIAN: Unknown PHONE #:

ADDRESS:

DATE LAST SEEN: MEDICAL NUMBER:

MEDICAL HISTORY: Unknown

DECEDENT: PEREZ III, RICHARD PEDRO **CASE #:** 14-3949

* *

INJURY INFORMATION

DATE OF INJURY: 09/14/2014 TIME OF INJURY: 0015 HOURS

LOCATION OF INJURY: Public Sidewalk

(i.e., Residence/ Hospital -ER or IP / Public or Private Roadway, etc.,)

ADDRESS INJURY OCCURRED: IFO 3322 Cutting Boulevard
Richmond, CA 94804

MAP LOCATION: ______ AT WORK: No

HOW INJURY OCCURRED: Gunshot Wound

IF APPLICABLE, TYPE OF GUN AND/OR WEAPONS: Wilson Combat model CQB .45 Cal handgun

VEHICLE MAKE, MODEL, YEAR, LIC#: ______

MV STATUS: ______ REG. TO: ______

ADDRESS: ______

TOWED TO: ______ ORDERED BY: ______

WITNESSES:

(NAME, ADDRESS, TELEPHONE)

1. ______
2. ______
3. ______
4. ______

* *

IDENTIFIABLE INFORMATION

(i.e. scars, marks, tattoos)

INVESTIGATIVE REPORT

CASE#: 14-3949

Date: 09/14/2014 Time: 0940 Hours

On 09/14/2014, at about 0502 hrs, Detective Grivetti with the Richmond Police Department reported the death of Richard Perez III, a 24 year old Hispanic male. Perez died at Uncle Sam's Liquors and Deli, a commercial business, following gunshot wounds he received during a struggle with a police officer.

On 09/14/2014, at about 0012 hrs, Richmond Officer Wallace Jensen was conducting a self initiated security check of the business. While conducting his check, he made contact outside the store with the decedent. A short time later, a physical struggle ensued between Officer Wallace and the decedent. At some point during the struggle, Officer Wallace fired three shots with his handgun at the decedent. The decedent was struck by at least one of the bullets. The decedent then stumbled inside of the store and collapsed. EMS was summoned to the scene. Death was pronounced by an unknown paramedic with AMR Unit #218 at about 0022 hours.

Sometime during this event, Officer Wallace radioed his dispatch and requested additional units. At about 0015 hrs, the Richmond Police Department's electronic "Shot Spotter" device activated and reported shots in the area. It is unknown whether the request for additional units came before or after the Shot Spotter activation. The handgun used/carried by the Officer is a Wilson Combat model CQB .45Cal semi-automatic handgun. No firearm was located on or around the decedent. The Officer was injured in this case by means other than a firearm.

Based on the information provided, I assumed jurisdiction in this case and responded to the scene. The scene is a commercial mini type mart in the city of Richmond. The store is one level and has two glass doors located at the front of the business for public access. A public sidewalk is also located in front of the store. I located the decedent lying on the ground, in the first aisle, several feet to the left of the front door as you come into the store. A trail of blood was located on the floor running from the front door to the decedent's body.

Obvious signs of medical intervention was located on the decedent to include EKG. The decedent was cool to the touch and rigor mortis had set in. I found two apparent entrance wounds on the decedent. The first was located on his front left rib cage area. The second was on the left side of his abdomen. I found an apparent exit wound on the lower left side of his back. The exit wound appeared consistent with the wound found on his abdomen. There were two small tears to his shirt on his left shoulder. Blood could be seen on the exposed skin through the tears. It is unknown what type of injury if any was sustained to that area.

I spoke with Sheriff's Criminalist Deputy Alex Taflya who was on scene. Taflya said he recovered three spent .45 Cal shell casings from the ground outside and in front of the

INVESTIGATIVE REPORT

CASE#: 14-3949

store. He also recovered to bullet fragments he located from outside the store.

I took 16 digital photographs in this case. I removed the decedent's remains to the county morgue where they were weighed, tagged, fingerprinted, x-rayed, and stored. I identified the decedent by his DMV photograph obtained through the Cal Photo system. I also electronically submitted his fingerprints to the Sheriff's Office Central Identification Services (CIS). I later received a fax confirming the decedent's identity as Richard Pedro Perez III.

Deputy C. Pryor

Date: 09/16/2014 Time: 1400 Hours

A representative from Wilson and Kratzer presented a release signed by Richard Pedro Perez Jr, father of the decedent and next of kin. I released the remains. The clothing and property had been released to Richmond PD at autopsy.

Deputy Sommers

Date: 12/10/2014 Time: 1300 Hours

On October 3, 2014, Forensic Pathologist Arnold Josselson, M.D. completed the autopsy report concerning the decedent Richard Pedro Perez III. Dr. Josselson listed the cause of death as: "One Gunshot Wound of Chest and One Gunshot Wound of Chest and Abdomen."

On December 10, 2014 at 0900 hours, a Coroner's Inquest was conducted regarding the death of Richard Perez. The jury was sworn in and after hearing the testimony, they made the following unanimous verdict: The decedent's death was "At the Hands of Another Person, Other than by Accident."

The manner of death will be classified as a homicide and will be changed to reflect the jury's finding. An amendment to the death certificate will be completed to also reflect this finding.

Sergeant X. Shabazz

APPROVED BY SUPERVISOR: 12/10/14

OFFICE OF THE SHERIFF-CONTRA COSTA COUNTY
CORONER'S DIVISION

DAVID O. LIVINGSTON, SHERIFF-CORONER

NAME: PEREZ III, RICHARD PEDRO **AUTOPSY REPORT 2014-3949**

POSTMORTEM AT: CENTRAL MORGUE, MARTINEZ, CALIFORNIA DATE: 09/15/14 TIME: 0905 HR.

PLACE OF DEATH: RICHMOND, CALIFORNIA DATE: 09/14/14 TIME: 0022 HR.

AUTOPSY FINDINGS

1. Fatal perforating gunshot wound of left chest and right chest.
2. Fatal perforating gunshot wound of left chest and abdomen.
3. Nonfatal perforating gunshot wound of abdominal wall and right thigh.
4. Bilateral hemothoraces.
5. Hemoperitoneum.
6. Gunshot wound of left hemidiaphragm.
7. Gunshot wounds of left lung.
8. Gunshot wounds of right lung.
9. Gunshot wound of spleen.
10. Gunshot wound of liver.
11. Gunshot wound of thoracic aorta.

CAUSE OF DEATH: **ONE GUNSHOT WOUND OF CHEST AND ONE GUNSHOT WOUND OF CHEST AND ABDOMEN** (MINUTES)

DATE: 10-3
AJ/ICA

A. Josselson
ARNOLD JOSSELSON, M.D.
FORENSIC PATHOLOGIST

EXTERNAL EXAMINATION

The body is that of a normally developed, normally nourished male, appearing the reported age of 24 years. The clothing on the body consists of a black tees shirt, black jeans, green plaid undershorts, a white tennis shoe and white sock on the left foot. Submitted with the body is a matching shoe and sock. The tee shirt reveals two adjacent defects, one of which measures 1.5 cm and the other measures 2 cm and next to each other, most likely due to a projectile. There is a defect in the lower left front area, measuring 1 cm, also most likely due to a projectile. There is a defect in the left front, approximately in the middle third, also measuring 1 cm apparently due to a projectile. There is a 1 cm defect in the lower back of the tee shirt, approximately in the midline. In the back left pocket of the pants is a cell phone. There are three papers in the left front pocket of the pants and one paper in the right front pocket of the pants. There is a cigarette lighter in the front left pocket of the pants. There is a hole in the back of the upper right pant leg. The body measures 72 inches, and weighs 181 pounds. The head is symmetrical without evidence of trauma. The scalp is covered with short, black hair of normal male distribution. There is heavy beard and moustache stubble on the face. The face is symmetrical. The irides are brown and the pupils are round and equal. The sclerae and conjunctivae are normal. The external ears, nose, and lips are normally developed. There is no evidence of fracture or hemorrhage of the nose or mouth. The buccal mucosa and tongue show no lesions. The teeth are intact and in good repair. The ears reveal no evidence of trauma or hemorrhage. The neck is symmetrical, and the trachea is palpable in the midline. The chest, abdomen, back, upper and lower extremities are normally developed. The abdomen is flat and there are no visible abdominal scars. The external genitalia are those of a normal adult male. There are no needle tracks in the antecubital fossae. There are no transverse scars on the wrists. The hands, fingers and fingertips are intact.

EXTERNAL EVIDENCE OF MEDICAL THERAPY:

There are two EKG pads on the upper chest and two EKG pads on the abdomen.

EVIDENCE OF INJURY

There are multiple blunt force injuries on the skin. There is a 2 cm red contusion on the medial left knee. There is a 1.5 cm abrasion with a surrounding 8 cm faint red contusion on the mid-anterior lower left leg. There is a 5 mm abrasion on the superior left shoulder. There is a 5 mm abrasion on the palm of the right hand. There is a 1 cm abrasion on the anterior right wrist. There is a 5 mm abrasion on the superior left shoulder. There is a 5 mm abrasion on the palm of the right hand. There is a 1 cm abrasion on the anterior right wrist. There is a 5 mm abrasion at the base of the lateral right thumb. There is a 4 x 6 cm suprapubic red contusion. There are two 3 mm abrasions on the posterior right hand. There are two faint contusions on the anterior right forearm, one of which measures 1 cm and the other measuring 1.5 cm. There is a 5 cm red contusion with a 2 cm abrasion on the anterior right knee. There is a 3 cm contusion on the lateral right knee. There is a 1 cm contusion below the right knee. There is a 3 cm red contusion just below and lateral to the right knee. There is a faint 2 cm red contusion on the anterior lower right thigh. On the mid anterior right thigh there are two faint purple contusions, measuring 1 cm and 2 cm. There is a 1 cm abrasion on the anterior right lower leg. There is a 3 cm contusion on the posterior left upper ankle. There is an 11 cm red contusion on the medial lower left forearm with a 6 cm abrasion. There is a 4 cm linear abrasion on the posterior upper left forearm. There is a 5 cm contusion and a 2 cm abrasion on the posterior right forearm. There is a 5 mm abrasion on the medial left ankle.

There are three gunshot wounds to the body, one fatal gunshot wound to the chest, one fatal gunshot wound to the chest and abdomen and a nonfatal gunshot wound to the abdominal wall. They are numbered **#1** through **#3** for convenience sake only. There is no soot or stippling on the about any of the entry defects, making all three gunshot wounds of distant or indeterminate range.

Gunshot Wound #1: Gunshot wound **#1** is a gunshot wound entering the left chest, passing through the left and right chest and then exiting through the right upper arm. The entry defect is located on the upper lateral left chest at a point 6 cm below the top of the shoulder and 13 cm to the left of the anterior midline. The entry defect is round,

measuring 1 cm with a 1 cm lateral abrasion margin. The bullet enters the left chest through the lateral left 1st rib, passes through the left lung, passes through the upper descending thoracic aorta, passes through the right lung and exits the right chest through the lateral right 6th intercostal space in the right 6th rib, then deflects somewhat upward and passes through the posterior aspect of the right upper arm and exits the body on the posterior upper right arm at a point 15 cm below the top of the shoulder. The exit defect is oval, measuring 1.5 cm. The path of gunshot wound **#1** is from the victim's left to right, front to back and down.

Gunshot Wound #2: Gunshot wound **#2** enters the lateral left chest at a point 24 cm below the top of the head and 15 cm to the left of the anterior midline. The entry defect is round, measuring 1 cm with a superior-medial 3 mm abrasion margin. The bullet enters the left chest through the anterolateral left 6th intercostal space, passes through the lower left lung, passes through the left hemidiaphragm, passes through the liver, passes through the spleen and exits the abdominal cavity through the posterior left 11th rib close to its junction with the vertebral column. It then exits the body through the posterior lower left back, at a point 39 cm below the top of the shoulder and 5.5 cm to the left of the posterior midline. The exit defect is stellate and measures 1 cm. The path of gunshot wound **#2** is from the victim's left to right, back to front and down.

Gunshot Wound #3: Gunshot wound **#3** is a nonfatal gunshot wound to the abdominal wall. The entry defect is located on the left midabdomen at a point 48 cm below the top of the shoulder and 3.5 cm to the left of the anterior midline. The entry defect is round, measuring 8 mm with a 0.5 cm inferior abrasion and a 1.3 cm superior abrasion. The bullet then passes through the abdominal wall, passes posterior to the right femur, does not enter the abdominal cavity and exits the body on the posterior right mid-thigh at a point 62 cm above the sole of the right foot. The exit defect is round, measuring 1 cm. The path of gunshot wound **#3** is from the victim's left to right, front to back and down.

INTERNAL EXAMINATION

The body is examined using the thoracoabdominal and posterior scalp incisions.

HEAD:

The reflected scalp, calvarium and base of the skull are unremarkable. The temporal muscles reveal no hemorrhage. On removal of the calvarium, there is no evidence of epidural, subdural or subarachnoid hemorrhage. The leptomeninges are thin and delicate. The tentorium, cerebellum and falx are intact. The vessels at the base of the brain have a normal configuration and show no arteriosclerosis. The brain is symmetrical and weighs 1400 grams. The convolutionary pattern is smooth and symmetrical. There is no evidence of herniation, contusion, laceration, softening or hemorrhage. Multiple coronal sections show no focal abnormalities. The cerebellum, mid-brain, pons and medulla show no abnormalities. The dura is stripped and reveals no abnormalities at the base of the brain. The orbital roofs are intact and unremarkable.

NECK:

No abnormalities are noted in the anterior strap muscles, hyoid bone, laryngeal cartilages, or cervical vertebral column.

BODY CAVITIES:

The right pleural cavity contains 750 ml of blood, the left pleural cavity contains 900 ml of blood and the abdominal cavity contains an estimated 25 ml of blood. The pleural and peritoneal cavities are free of adhesions. The pericardium is thin and translucent and encloses a small amount of clear fluid. There are no pericardial adhesions. There is a gunshot wound through the left hemidiaphragm. All organs are in their normal locations. The subcutaneous fat in the abdominal wall measures approximately ½ inch.

CARDIOVASCULAR SYSTEM:

The 350 gram heart has a normal configuration. The coronary arteries arise normally, follow a normal distribution. The coronary arteries show no arteriosclerosis. The endocardium, pericardium, epicardium, myocardium and cardiac valves are normal throughout. The papillary muscles and chordae are normal. The aorta and branch vessels show no arteriosclerosis, but there is a gunshot wound through the upper descending thoracic aorta.

RESPIRATORY SYSTEM:

The larynx and trachea are intact. The right lung weighs 280 grams and the left lung weighs 270 grams. The tracheobronchial tree follows its normal anatomic pathway and contains a slight amount of sputum. Examination of the intrinsic pulmonary vessels reveals no thromboemboli. The cut surface discloses two gunshot wounds to the left upper lobe, two gunshot wounds to the left lower lobe, one gunshot wound to the right upper lobe, one gunshot wound to the right lower lobe.

GASTROINTESTINAL TRACT:

The tongue, esophagus, stomach, small intestine, and colon are unremarkable. The appendix is present. The contents of the stomach consist of a moderate amount of partially digested food with no identifiable pills.

HEPATOBILIARY SYSTEM:

The 1380 gram liver has the normal size and shape. There is a gunshot wound through the left margin of the liver. Otherwise, it has a normal consistency and a normal red-brown color throughout. Sectioning reveals no focal lesions. The gallbladder contains 10 cc of green-black bile of normal viscosity. The biliary tract is patent.

PANCREAS:

The pancreas is normal.

ENDOCRINE SYSTEM:

The thyroid and the adrenal glands are anatomically normal.

HEMO-LYMPHATIC SYSTEM:

The 130 gram spleen has a large gunshot wound and otherwise normal parenchyma. The white pulp is not visible. The lymph nodes are unremarkable.

URINARY SYSTEM:

The right and left kidneys each weigh 120 grams. The capsules are smooth and strip with ease. Sectioning reveals normal cortices, with a distinct corticomedullary junction and normal renal pelves. The ureters and bladder have a normal configuration, and the bladder contains approximately 10 cc of clear urine. The bladder mucosa is normal.

REPRODUCTIVE SYSTEM:

The prostate gland is normal to palpation.

MUSCULOSKELETAL SYSTEM:

The injuries have been previously described.

SPECIMENS FOR HISTOLOGY:

Representative sections of the major organs are saved.

SPECIMENS FOR TOXICOLOGY:

Peripheral blood is submitted for alcohol analysis and drugs of abuse. Cavity blood is saved.

iCassette drug screen test performed on the urine during autopsy is positive for benzodiazepines and THC.

PRESENT:

S. Jagoda, Pathologist's Assistant

NMS LABS

NMS Labs
3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL

Toxicology Report

Report Issued 09/25/2014 16:01

To: **10449**
Contra Costa Sheriffs Office - Coroner Division -
Attn: William Duke
1960 Muir Road - 1st Floor
Martinez, CA 94553

Patient Name	PEREZ III., RICHARD
Patient ID	14-3949
Chain	11751727
Age 24 Y	**DOB** Not Given
Gender	Male
Workorder	14233095

Positive Findings:

Compound	Result	Units	Matrix Source
Ethanol	**247**	**mg/dL**	**001 - Peripheral Blood**
Blood Alcohol Concentration (BAC)	**0.247**	**g/100 mL**	**001 - Peripheral Blood**
Cotinine	**Positive**	**ng/mL**	**001 - Peripheral Blood**
Clonazepam	**8.5**	**ng/mL**	**001 - Peripheral Blood**
7-Amino Clonazepam	**150**	**ng/mL**	**001 - Peripheral Blood**
Delta-9 THC	**11**	**ng/mL**	**001 - Peripheral Blood**
Delta-9 Carboxy THC	**26**	**ng/mL**	**001 - Peripheral Blood**
Fluoxetine	**280**	**ng/mL**	**001 - Peripheral Blood**
Norfluoxetine	**250**	**ng/mL**	**001 - Peripheral Blood**
Diphenhydramine	**110**	**ng/mL**	**001 - Peripheral Blood**

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8052B	Postmortem Toxicology - Expanded, Blood (Forensic)

Tests Not Performed:

Part or all of the requested testing was unable to be performed. Refer to the **Analysis Summary and Reporting Limits** section for details.

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	11 mL	09/15/2014 09:15	Peripheral Blood	
002	Gray Top Tube	5 mL	09/15/2014 09:15	Peripheral Blood	

All sample volumes/weights are approximations.

Specimens received on 09/17/2014.

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Workorder 14233095
Chain 11751727
Patient ID 14-3949

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Ethanol	247	mg/dL	10	001 - Peripheral Blood	Headspace GC
Blood Alcohol Concentration (BAC)	0.247	g/100 mL	0.010	001 - Peripheral Blood	Headspace GC
Cotinine	Positive	ng/mL	1000	001 - Peripheral Blood	LC/TOF-MS
Clonazepam	8.5	ng/mL	2.0	001 - Peripheral Blood	LC-MS/MS
7-Amino Clonazepam	150	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
Delta-9 THC	11	ng/mL	1.0	001 - Peripheral Blood	GC-GC-GC/MS
Delta-9 Carboxy THC	26	ng/mL	5.0	001 - Peripheral Blood	GC-GC-GC/MS
Ethanol	Confirmed	mg/dL	10	001 - Peripheral Blood	Headspace GC
Fluoxetine	280	ng/mL	10	001 - Peripheral Blood	GC
Norfluoxetine	250	ng/mL	10	001 - Peripheral Blood	GC
Diphenhydramine	110	ng/mL	50	001 - Peripheral Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. 7-Amino Clonazepam (Clonazepam Metabolite) - Peripheral Blood:

   7-Amino-Clonazepam is a major metabolite of clonazepam. Plasma concentrations following chronic therapy with 6 mg/day of clonazepam were found to be 20 - 140 ng/mL.

2. Clonazepam (Klonopin®) - Peripheral Blood:

   Clonazepam is a DEA Schedule IV benzodiazepine-derivative anticonvulsant agent. It is used in both the prophylaxis and treatment of various seizure disorders. The dosage of clonazepam should be carefully and slowly adjusted to meet the needs and requirements of the individual. Initial adult dose, however, should not exceed 1.5 mg daily. Adult maintenance dosage should generally not exceed 20 mg daily.

   Usual therapeutic serum levels of clonazepam range from 10 to 60 ng/mL. Values in excess of 100 ng/mL have been associated with adverse effects including drowsiness and ataxia. 7-Aminoclonazepam is the major metabolite of the drug; it achieves plasma concentrations equivalent to those of clonazepam, but is a poor anticonvulsant.

   Overdosage with clonazepam can produce somnolence, confusion, ataxia and coma. However, as with most benzodiazepines, death due solely to clonazepam is generally not seen.

3. Cotinine (Nicotine Metabolite) - Peripheral Blood:

   Cotinine is a metabolite of nicotine and may be encountered in the fluids and tissues of an individual as a result of tobacco exposure.

   Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine and a separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

   The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

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Workorder	14233095
Chain	11751727
Patient ID	14-3949

Reference Comments:

4. Delta-9 Carboxy THC (Inactive Metabolite) - Peripheral Blood:

   Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

   Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC with peak concentrations attained 32 to 240 minutes after smoking and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users. THCC is usually not detectable after passive inhalation.

5. Delta-9 THC (Active Ingredient of Marijuana) - Peripheral Blood:

   Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

   Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. It rapidly leaves the blood, even during smoking, falling to below detectable levels within several hours. THC concentrations in blood are usually about one-half that of serum/plasma concentrations. The active metabolite, 11-hydroxy-THC, may also fall below detectable levels shortly after inhalation. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC with peak concentrations attained 32 to 240 minutes after smoking and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users.

   Reported usual peak THC concentrations in serum after smoking 1.75% or 3.55% THC marijuana cigarettes are 50 - 270 ng/mL after beginning of smoking, decreasing to less than 5 ng/mL by 2 hrs. Corresponding delta-9-carboxy-THC concentrations range from 10 - 101 ng/mL about 32 to 240 minutes after the beginning of smoking and decline slowly. Passive inhalation of marijuana smoke has been reported to produce blood THC concentrations up to 2 ng/mL. Delta-9-carboxy THC concentrations in blood may not be present following passive inhalation of marijuana smoke.

6. Diphenhydramine (Benadryl®; Ingredient of Benylin and Panadol; Nytol; Unisom) - Peripheral Blood:

   Diphenhydramine is an antihistamine with sedative and anti-emetic effects. It is rapidly absorbed following oral administration; however, it is frequently given IV. Patients taking this medication are usually warned against the operation of complicated machinery, because of its strong sedative effects.
   Following a single 50 mg oral dose of diphenhydramine, peak plasma concentrations at 2.3 hr averaged 66 ng/mL.
   Signs and symptoms of acute diphenhydramine toxicity include tremor, seizures, fever, respiratory depression and cardiac arrhythmias. The average blood diphenhydramine concentrations reported in fatal overdoses were 1400 ng/mL in infants, 4400 ng/mL in children and 15000 ng/mL in adults.
   The blood to plasma concentration ratio for diphenhydramine is approximately 0.80.

7. Ethanol (Ethyl Alcohol) - Peripheral Blood:

   Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and can cause effects such as impaired judgment, reduced alertness and impaired muscular coordination. Ethanol can also be a product of decomposition or degradation of biological samples. The blood alcohol concentrations (BAC) can be expressed as a whole number with the units of mg/dL or as a decimal number with units of g/100 mL which is equivalent to % w/v. For example, a BAC of 85 mg/dL equals 0.085 g/100 mL or 0.085% w/v of ethanol.

8. Fluoxetine (Prozac®) - Peripheral Blood:

   Fluoxetine is a chemically-atypical antidepressant used to help control major depressive disorders. Norfluoxetine, the major metabolite of fluoxetine, is also active pharmacologically. Recommended daily doses range between 20 to 80 mg.

   Following a single 40 mg dose, reported peak plasma levels were between 20 - 60 ng/mL after 6 to 8 hr. Chronic daily doses of 40 mg for 1 month produced reported plasma concentrations ranging from 90 - 300 ng/mL for fluoxetine and 70 - 300 ng/mL for norfluoxetine. There is, however, no clear relationship between plasma concentrations of fluoxetine and/or norfluoxetine and efficacy.

   Toxicity with fluoxetine is not routinely observed at pre-mortem combined concentrations of fluoxetine and norfluoxetine below 2000 ng/mL. Concentrations much greater than 2000 ng/mL are not necessarily fatal. There have been reports of survived overdose involving fluoxetine with combined blood or plasma concentrations of parent compound and metabolite over 4000 ng/mL. In deaths attributable to fluoxetine overdose, reported blood or plasma combined concentrations range from 2000 - 11000 ng/mL.

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Workorder 14233095
Chain 11751727
Patient ID 14-3949

Reference Comments:

9. Norfluoxetine (Fluoxetine Metabolite) - Peripheral Blood:

   Daily therapy with 40 mg fluoxetine/day: Steady-state concentration at 4 to 8 hr after dosing ranges from 72 - 258 ng/mL serum.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 14233095 was electronically signed on 09/25/2014 15:20 by:

Dawn Sherwood

Dawn N. Sherwood,
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50012B - Benzodiazepines Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
7-Amino Clonazepam	5.0 ng/mL	Flurazepam	2.0 ng/mL
Alpha-Hydroxyalprazolam	5.0 ng/mL	Hydroxyethylflurazepam	5.0 ng/mL
Alprazolam	5.0 ng/mL	Hydroxytriazolam	5.0 ng/mL
Chlordiazepoxide	20 ng/mL	Lorazepam	5.0 ng/mL
Clobazam	20 ng/mL	Midazolam	5.0 ng/mL
Clonazepam	2.0 ng/mL	Nordiazepam	20 ng/mL
Desalkylflurazepam	5.0 ng/mL	Oxazepam	20 ng/mL
Diazepam	20 ng/mL	Temazepam	20 ng/mL
Estazolam	5.0 ng/mL	Triazolam	2.0 ng/mL

Acode 50013B - Cannabinoids Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by Multi-dimensional Gas Chromatography/Mass Spectrometry (GC-GC-GC/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
11-Hydroxy Delta-9 THC	5.0 ng/mL	Delta-9 THC	1.0 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

Acode 52250B - Alcohols and Acetone Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

Acode 52410B - GC Confirmation Set 1, Blood (Forensic) - Peripheral Blood

-Analysis by Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Amitriptyline	10 ng/mL	Brompheniramine	20 ng/mL
Amoxapine	10 ng/mL	Chlorpromazine	10 ng/mL

NMS LABS

CONFIDENTIAL

Workorder 14233095
Chain 11751727
Patient ID 14-3949

Analysis Summary and Reporting Limits:

Compound	Rpt. Limit	Compound	Rpt. Limit
Clomipramine	10 ng/mL	Mirtazapine	5.0 ng/mL
Desmethylclomipramine	10 ng/mL	Norfluoxetine	10 ng/mL
Desmethyldoxepin	10 ng/mL	Nortriptyline	10 ng/mL
Dextro / Levo Methorphan	N/A	Pentazocine	N/A
Doxepin	10 ng/mL	Pheniramine	20 ng/mL
Doxylamine	50 ng/mL	Trazodone	0.10 mcg/mL
Fluoxetine	10 ng/mL	Verapamil	10 ng/mL
Maprotiline	10 ng/mL		

Not Reported: Pentazocine: Analysis canceled; although included in the confirmation test panel, the analyte was not positive by a chromatographic-based screening technique.
Not Reported: Dextro / Levo Methorphan: Analysis canceled; although included in the confirmation test panel, the analyte was not positive by a chromatographic-based screening technique.

Acode 52441B - Diphenhydramine Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Diphenhydramine	50 ng/mL		

Acode 8052B - Postmortem Toxicology - Expanded, Blood (Forensic) - Peripheral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnosedatives, Hypoglycemics, Muscle Relaxants, Non Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

Contra Costa County
Coroner's Office

VERDICT OF CORONER'S JURY

In the matter of the inquest on the body **Richard Pedro Perez III**
Before Hearing Officer **Matt Guichard**

Inquisition was taken on this date in Contra Costa County, State of California on the body of the above named person, at which time and place a duly summoned Coroner's Jury was sworn to inquire into the circumstances attending said death, and in what manner, where and when said death occurred.

We, the members of the Coroner's Jury, certify that our verdict is as follows:

Name of Deceased: **Richard Pedro Perez III**

Sex: **M** Age: **24** Race: **White**

Date of Death: **September 14, 2014** Time of Death: **0022 hours**
Place of Death: **Commercial Business 3322 Cutting Blvd Richmond, CA.94804**
Medical Cause of Death: **One gunshot wound of chest and one gunshot wound of chest and abdomen.**

Death was caused by: **BY THE HANDS OF ANOTHER, OTHER THAN BY ACCIDENT**

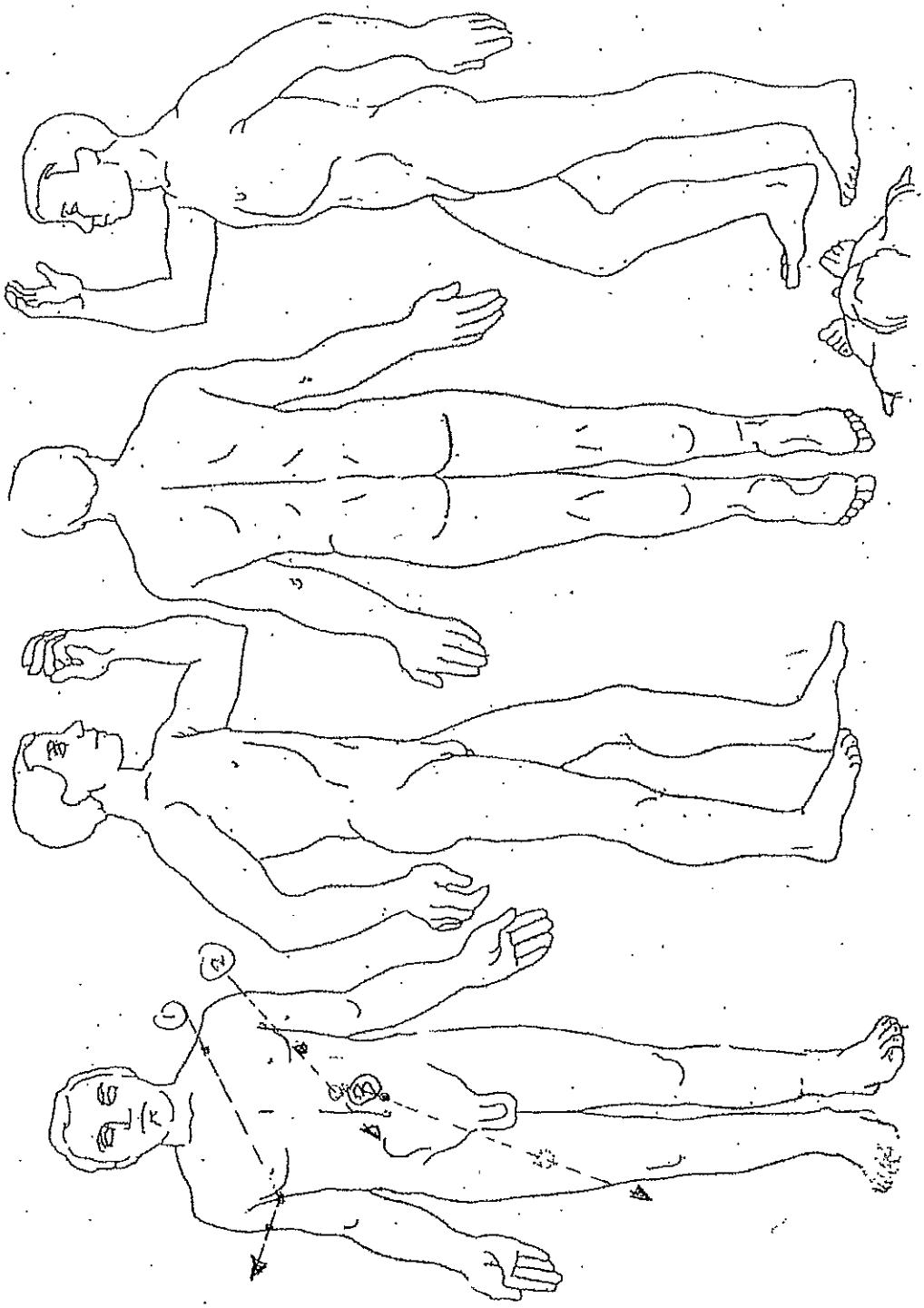
Dated: **December 10, 2014**

Approved: **David O. Livingston, Sheriff-Coroner**
Contra Costa County

By _____ 12/10/14
Xavier Shabazz, Sergeant

Sheriff Coroner
Contra Costa County
1960 Muir Road, 1st Floor
Martinez, CA 94553
925 313-2850

Case# Perez III, Richard
14-3949



Sheriff-Coroner
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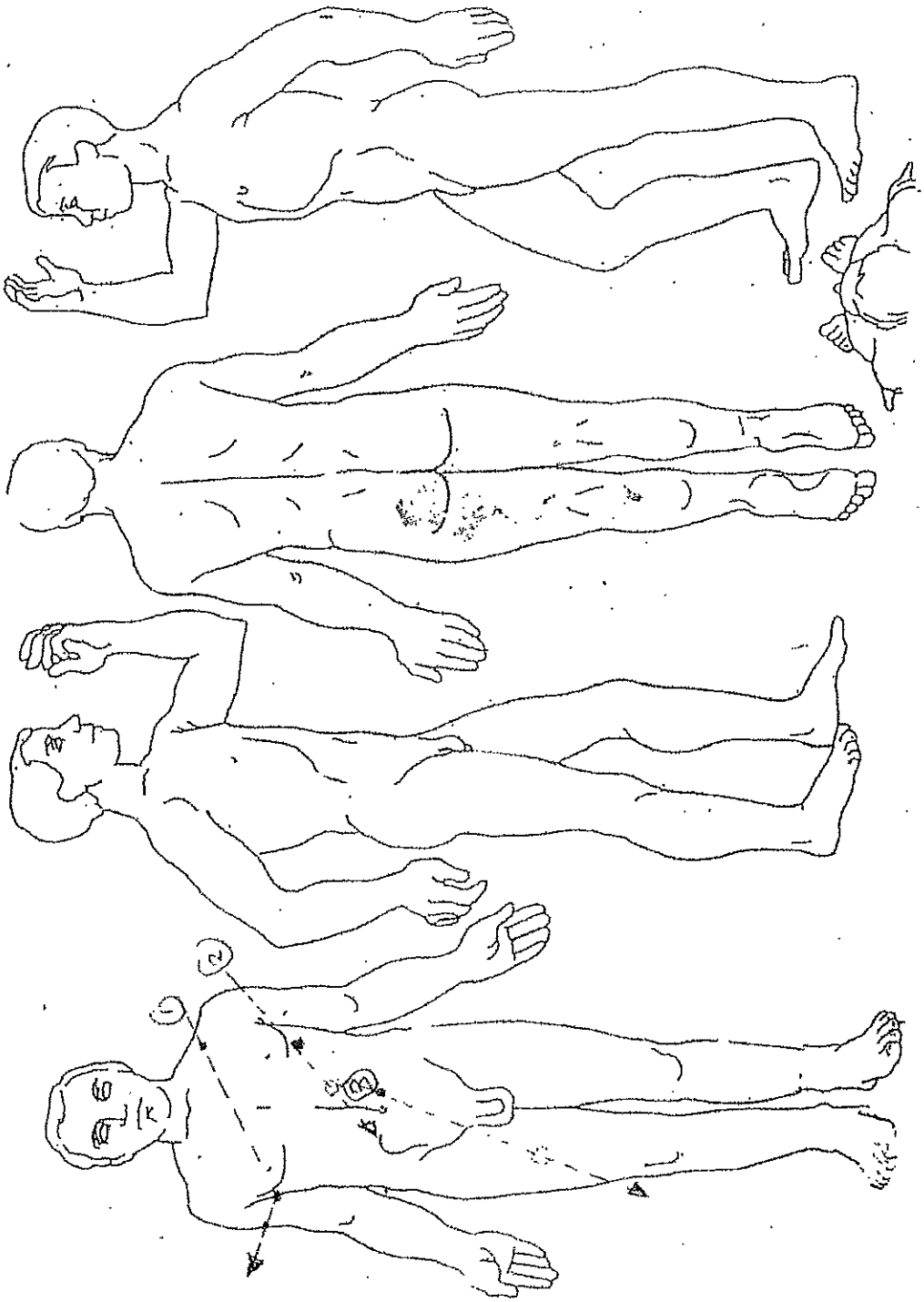

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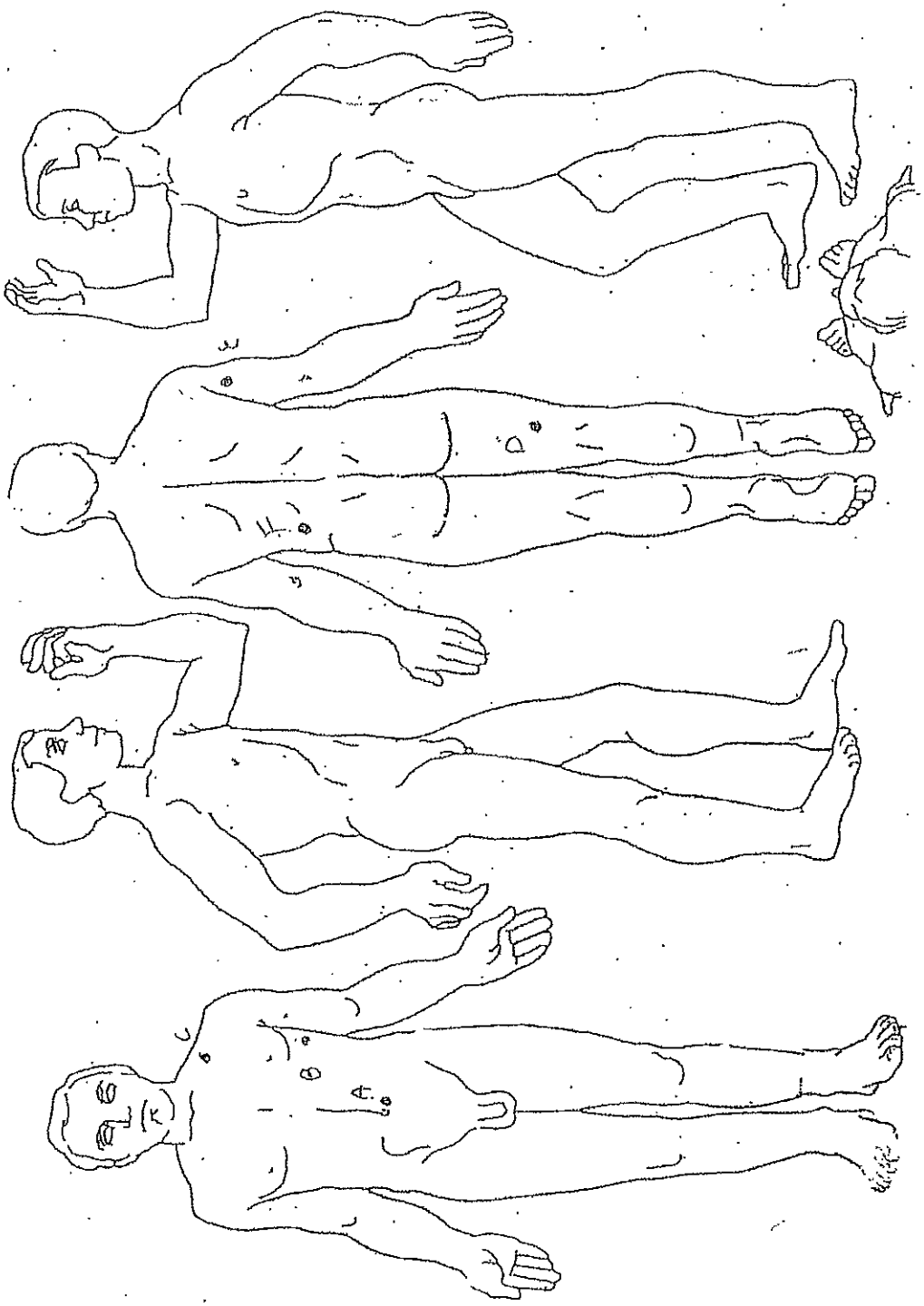

no sors

A @ med abd - 48cm ↓ tosh - 30.5cm to Ⓡ - 8mm rd - 0.5in, 1.3cm sp Ⓜ
B - lat Ⓛ chest - 24cm ↓ tosh - 15cm to Ⓛ - 1cm rd - sup-med 3mm abr
C - upper lat Ⓛ chest - 6cm ↓ tosh - 13cm to Ⓛ 1cm rd - 1cm lat Ⓜ
D - post Ⓛ med thigh - 63cm ↑ sole Ⓛ foot - 1cm rd
E - post ↑ Ⓡ arm - 15cm ↓ tosh - 1.5cm oval
F - post ↓ Ⓛ back - 39cm ↓ tosh - 5.5cm to Ⓛ - 1cm stellate

(3) A→D L→R, F→B, ↓ - post to femor - [illegible]
(2) B→F AL @ 6 ICS - LLL - Ⓛ diaphm - LIV - spl - post Ⓛ 11 rib L→R, B→F, ↓
(1) C→E - lat Ⓛ 1st rib → LUL → ↓ T aorta - RUL, RLL - lat Ⓡ 6 ICS

contus - suprapubic; mult contus below Ⓛ knee
abr + contus - med Ⓛ wrist, abr post Ⓛ hand, 2 sm contusions lat Ⓛ forearm, lg contus post Ⓡ forearm

blk t-shirt, blk jeans, white t-shirt, white socks
blk hair, beard, mustache — stubble; brn eyes, teeth good

EKG pads - each arm, abd | 5cm contus post Ⓛ forearm & 2cm abr; 5mm abr med Ⓛ ankle
2cm red contus, med Ⓡ knee; 1.5cm abr ē surround; 8cm faint red contus med ant Ⓛ ↓ leg
5mm abr sup Ⓛ sh; 5mm abr, palm Ⓡ hand; 1cm abr ant Ⓡ wrist; 5mm abr base lat Ⓡ thumb
4x6cm suprapubic red contus (2) 3mm abrs post Ⓡ hand; (2) faint contus ant Ⓡ forearm, 1, 1.5cm
5cm red contus ē 2cm abr, ant Ⓛ knee; 3cm contus lat Ⓡ knee; 1cm contus below Ⓛ knee
3cm red contus just below & lat to Ⓡ knee; faint 2cm red contus, ant ↓ Ⓛ thigh
(2) faint purp contus, 1cm, 2cm med ant Ⓛ thigh - 1cm abr ant Ⓡ ↓ leg; 3cm contus post Ⓛ ↑ ankle
11cm red contus med ↓ Ⓛ forearm ē 6cm abr; 4cm linear abr post ↑ Ⓛ forearm